



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 13, 2011

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program. \$4002. Announced on June 7, 2011. Approximately \$40 million in The Centers for Disease Control and Prevention (CDC) grant funding is available to territorial and state health departments to strengthen and better coordinate activities within the state aimed at preventing chronic diseases and promoting health. The initiative targets the five leading chronic disease-related causes of death and disability: heart disease, cancer, stroke, diabetes, and arthritis. The CDC expects to award funds for three-year programs in all 58 states and territories. Applications are due July 22, 2011.

Read the HHS press release at: <http://www.hhs.gov/news/press/2011pres/06/20110607a.html>

6/7/11 CMS and the Innovation Center announced a delay in the letter-of-intent and application deadlines for entities interested in participating in the innovation center's "Pioneer" Accountable Care Organization (ACO) Model demonstration announced on May 17, 2011. The Model provides a path for mature ACOs that have already begun work coordinating care for patients and are ready to move forward. The Innovation Center released a Request for Applications (FRA) on this model as part of a broader initiative designed to encourage physicians and hospitals to become ACOs and participate in the Medicare Shared Savings Program under §3022 of the ACA.

Changes announced on 6/7/11 include an announcement that Letters of Intent will now be due on **June 30, 2011**. The previous deadline was Friday, June 10, 2011. Applications must be

postmarked on or before **August 19, 2011**. The previous deadline was Monday, July 18, 2011.

For more information on the Pioneer ACO Model, including the RFA, visit the [Innovation Center website](#).

6/6/11 HHS announced the **Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) demonstration project**, an initiative under §3021 of the ACA, that will pay an estimated \$42 million over three years to up to 500 FQHCs to coordinate care for Medicare patients. This demonstration project, operated by CMS in partnership with the Health Resources and Services Administration (HRSA), will test the effectiveness of doctors and other health professionals working in teams to improve care for Medicare patients. Participating FQHCs are expected to achieve Level 3 patient-centered medical home recognition, help patients manage chronic conditions, as well as actively coordinate care for patients. To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA). CMS is accepting applications from FQHCs June 6, 2011 through August 12, 2011.

More information on the FQHC demonstration can be found at: <http://innovations.cms.gov>.

Instructions for applying and participating in the demonstration can be found at: www.fqhcmedicalhome.com.

Read the press release at: <http://www.hhs.gov/news/press/2011pres/06/20110606a.html>

Read the FAQ's at: http://www.fqhcmedicalhome.com/docs/06_Demonstration%20FAQs.pdf

Read the fact sheet at: [Innovations](#)

Guidance

6/9/11 IRS/Treasury issued Notice 2011-35, a request for comments on the implementation of the provisions of the ACA under §6301 to **fund comparative clinical effectiveness research relating to patient-centered outcomes**. IRS/Treasury expect to issue regulations to provide guidance on funding the Patient-Centered Outcomes Research Institute through fees paid by issuers of health insurance policies and self-insured health plan sponsors and are seeking comments to inform that guidance. Comments due September 6, 2011. Read the notice at: <http://www.irs.gov/pub/irs-drop/n-11-35.pdf>

6/8/11 CMS issued a **proposed rule regarding the availability of Medicare data for Performance Measurement under §10332** of the ACA. The rule implements new statutory requirements regarding the release and use of standardized extracts of Medicare claims data to measure the performance of providers and suppliers in ways that protect patient privacy. This rule explains how entities can become qualified by CMS to receive standardized extracts of claims data under Medicare Parts A, B, and D for the purpose of evaluation of the performance of providers of services and suppliers.

Read the proposed rule at:

<http://www.gpo.gov/fdsys/pkg/FR-2011-06-08/pdf/2011-14003.pdf>

6/6/11 CMS issued a State Medicaid Director letter informing states of opportunities available to **provide Medicaid coverage to individuals living with HIV**. The guidance informs states on how to apply for opportunities in the Medicaid program that allow for flexibility to improve care and care coordination and offer options to treat individuals living with HIV in the community including new opportunities under the ACA.

Read the letter at: <http://www.cms.gov/smdl/downloads/11-005.pdf>

Note that prior guidance can be viewed at: www.healthcare.gov

News

6/9/11 HHS announced a series of webinars and community site visits to highlight the work of **the Partnership for Patients**, a public-private partnership announced by CMS in April that seeks to improve care and lower costs in health care. The first webinar featuring CMS Administrator Don Berwick will be held on July 20, 2011.

For more information about the series and to register for the event, please visit:

<http://www.healthcare.gov/news/blog/partnershipforpatients06082011.html>

The Partnership for Patients aims to encourage collaboration between hospitals, medical professionals, insurers, employers and patients so that best practices can be learned and shared and care is safer and less costly. Read more about the Partnership and the more than 3,000 organizations that have already pledged their commitment to the initiative at:

<http://www.healthcare.gov/news/factsheets/partnership04122011a.html> or

<http://partnershippledge.healthcare.gov/>

6/6/11 CMS Administrator Don Berwick named Dennis Wagner and Paul McGann to **lead the Partnership for Patients initiative inside the Center for Medicare and Medicaid Innovation (CMMI)**. McGann, a geriatrician and the deputy medical officer at CMS for the past five years, and Wagner, a marketing expert who has run national campaigns at the EPA, will work directly for CMMI Director Richard Gilfillan. According to Berwick, Wagner and McGann will test, expand and implement proven practices system-wide.

For more information read the CMS announcement at:

<http://thehill.com/images/stories/blogs/healthwatch/partnership.pdf>

6/7/11 The National Association of Insurance Commissioners (NAIC) Committee on Health Insurance and Managed Care held a conference call to discuss **broker commissions in the health insurers' medical loss ratio (MLR) calculation** and their report on the issue. Under §10101 of the ACA, MLR rules require health insurers to spend 80 to 85% of consumers' premiums on direct care for patients and efforts to improve care quality. The committee authorized the report which outlines 12 policy options for addressing broker commissions, including removing the commissions from the MLR formula. The report goes to an executive NAIC committee to make recommendations.

The call agenda can be found at:

http://www.naic.org/documents/committees_b_110607_agenda.pdf

Read the report at: http://www.naic.org/documents/committees_b_110607_hcrawlq_report.pdf

Read the NPR blog on the issue at: [NPR](#)

5/5/11 The National Association of Insurance Commissioners (NAIC) Consumer Information Subgroup released **four draft coverage fact forms to explain benefits and coverage to consumers for consumer testing** by the Consumer's Union and America's Health Insurance Plans (AHIP). A mandate in the ACA under §1001(5) directed the NAIC to develop a standardized form that insurers would use to explain benefits and coverage to consumers in plain, understandable language. Premiums, deductibles, in-network and out-of-network expenses, excluded services and other often-obscure provisions must be clearly explained. The results of the consumer testing will be available in June.

The summary of coverage drafts, along with a compilation of public comments on the first drafts, can be found on the subgroup's webpage:

http://www.naic.org/committees_b_consumer_information.htm

EOHHS News

6/6/11 EOHHS submitted comments to CMS on the proposed Medicare Shared

Savings Program/ Accountable Care Organizations rule under §3022 of the ACA. Under these provisions, providers of services and suppliers can continue to receive traditional Medicare fee-for-service payments under Parts A and B, and be eligible for additional payments based on meeting specified quality and savings requirements. The comment period has closed but a link to the April 7, 2011 Federal Register notice containing the proposed rule can be read at: <http://edocket.access.gpo.gov/2010/pdf/2010-32978.pdf>

The EOHHS comment letter on the Medicare Shared Savings Program/ Accountable Care Organizations proposed rule can be viewed online at our website, under the State and Federal Communications Section at: [Massgov](http://mass.gov)

6/6/11 EOHHS submitted comments to CMS and the Office of the Inspector General (OIG) in response to a joint notice and solicitation of public comments on potential waivers of certain fraud and abuse laws in connection with the Medicare Shared Savings Program under §3022 of the ACA. The comment period has closed but a link to the joint the April 7, 2011 CMS/OIG notice containing the solicitation can be read at: <http://www.gpo.gov/fdsys/pkg/FR-2011-04-07/pdf/2011-7884.pdf>

The joint CMS/OIG notice was issued concurrently with the publication of the Medicare Shared Savings Program/ Accountable Care Organizations proposed rule linked above.

The EOHHS comment letter on Proposed Waivers in Connection with the Medicare Shared Savings Program can be viewed online at our website, under the State and Federal Communications Section at: [Massgov](http://mass.gov)

Remember to **check our website frequently** to read other comment letters that Massachusetts agencies submit to the federal government about ACA implementation, news about grants and demonstration opportunities that the Commonwealth is pursuing and for the latest stakeholder meeting announcements and materials.

Upcoming Events

Next Quarterly Stakeholder Meeting

Patient Protection and Affordable Care Act Implementation meeting

Tuesday June 21, 2011 from 3:00-4:00 P.M.

1 Ashburton Place, 21st floor, Boston

Don't forget to add our website to your favorites: www.mass.gov/nationalhealthreform